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We’re facing a health care system in serious crisis. Skyrocketing costs and uneven quality have too often pushed people toward inadequate health coverage or out of the system entirely.

Above all, addressing costs must be our first priority in addressing health care reform.

Although health care is an incredibly complex issue that requires open debate covering a multitude of areas, we can find common ground. However, fundamental health care reform must begin with a choice: Are you looking for a government-run program that holds down costs by restricting access to care, or a free-market, transparent program that holds down costs by harnessing the power of competition to drive improvements in quality and efficiency?

I believe the free market will offer viable long-term solutions that the government cannot provide.

We need transparency within the system to allow Americans access to information about what a particular course of treatment will cost, or which providers offer the best quality care. In addition to increasing transparency, I firmly believe that providing consistent preventive care, limiting frivolous lawsuits, and harnessing information technology are essential aspects of making health care more affordable in this country.

By bringing down costs we will be better equipped to solve the problem of the millions of Americans without health insurance. But while we make efforts to help the uninsured afford coverage, we must take great care to ensure that people who already have insurance are able to keep the health care coverage that's right for them.

Competition has been the springboard for American greatness since the very beginning of our nation. Competition inherently raises the game of everyone involved, resulting in better products, better service, lower costs, and greater innovation in every industry. There is no industry more in need of vigorous, fair competition than the health care industry.

Proponents of government-run health care have taken to floating the myth that private health insurance can co-exist and compete with an expansive, taxpayer funded program. This simply is not true.

It is virtually impossible to guarantee fair competition because government can change the rules of the game at any time.

Also, like working Americans, private companies can't subsidize themselves through bloated deficit spending as the federal government usually finds a way to do.

Competition between the government and private companies isn't real competition.

During his campaign, President Obama repeatedly insisted that, "if you like the health coverage

you have, you can keep it." However, an independent study of his plan tells a very different story. The Lewin Group found that creating a new open-ended government-run plan would result in 120 million Americans losing their current coverage and being forced into the government plan.

The bad news doesn't stop there. The bigger this government-run plan gets, the more likely it will try to control costs by taking medical decisions out of the hands of doctors and patients and putting them in the hands of bureaucrats. Other nations have turned to government-run programs to help rein in costs.

Sadly, these programs have only reined in the quality of health care.

In Canada, people are forced to wait months for operations that are needed immediately. Recently, Canada's Supreme Court ruled that Canadians have a right to seek private health care alternatives, noting that "access to a waiting list is not access to care."

In the United Kingdom, a government agency with the Orwellian acronym NICE decides which life-saving medicines will be available and which are too expensive.

British seniors with macular degeneration must go completely blind in one eye before they can get coverage to save the other eye.

Do you think this couldn't happen in the United States? Think again. A tiny provision buried in the \$1.2 trillion spending bill passed by Congress earlier this year sets up a new federal agency to fund "comparative effectiveness research" to evaluate the effectiveness of various medical treatments. While this research is important and should be pursued, it needs to be conducted transparently and it

should not be used to deny coverage for medically necessary treatments.

Yet Congress failed to provide these key safeguards.

In fact, an early version of the bill flatly stated that medical treatments found to be "more expensive" would "no longer be prescribed."

Thus far, advocates of government-run health care in Congress have chosen to move their agenda in incremental measures. It started with a vast expansion of the State Children's Health Insurance Program (SCHIP) to include people who simply shouldn't qualify for the program, including many adults. That isn't close to meeting the program's initial intent of insuring poor children.

The next step was to eliminate the Medicare 'Trigger', a law requiring Congress to consider measures to alleviate Medicare's funding shortfall. With the unfunded liabilities of Medicare skyrocketing, we have a responsibility to strengthen the program's finances. And sadly, government health care programs are already rife with abuse and fraud.

In fact, the Chief Counsel at HHS' Office of Inspector General recently said that, "...building a Medicare fraud scam is far safer than dealing in crack or dealing in stolen cars, and it's far more lucrative."

Government hardly has the best track record when it comes to providing efficient, quality service in any field. If you want to see the realistic future of health care in America under a government-run program, all you have to do is take a trip down to your local Department of Motor Vehicles and wait in line.

Instead, we need reform that will ensure medical decisions are made by patients and their doctors and that all Americans have access to the affordable, high-quality care they deserve.